

CONFIDENTIAL GUEST INFORMATION



How did you hear about us? (Circle one)			
On-Line Search Our Website Email Friend Other: _____			
If a Friend referred you, please tell us their name so we can thank them! _____			
First Name:		Last Name:	
Name Preference:			
Address			
City, State, Zip			
Phone	Mobile#	Business#	Home#
Email			
Birthday: Month_____ /Day _____ How do you prefer to receive appointment confirmations? (Circle one) Text Email Client offers? (Circle all that apply) Text Email Mail			
Tell us about yourself! Work, Hobbies, Life! This helps us know how to treat your hair.			
Tell us about <u>any</u> medication you are taking (or have taken recently).		IMPORTANT NOTE: Medications can change the chemistry of your hair. It is important that you let us know about ALL medications or supplements <u>before</u> we perform any chemical treatments on your hair.	
What are your hair goals? (short and long term)			
Do you have well water?		Circle one: YES NO	
What hair products do you currently use?			
Would you like a pricing consultation?		Circle one: YES NO	

- ☞ As always, it is our pleasure to work with you until we have exceeded your expectations. Unfortunately, there are no refunds on our services.
- ☞ I have consulted with my stylist. I understand and agree to pricing for all services performed.

Guest Signature: _____ Stylist Signature: _____ Date: _____

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Stylist Notes: